

**MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH
BUREAU OF PUBLIC HEALTH ENGINEERING
CONSTRUCTION PERMIT
FOR THE RESIDENTIAL REPAIR OF
AN INDIVIDUAL SEWAGE DISPOSAL SYSTEM**

Name of Owner_____Town_____

Address_____

Draw a plot plan showing location of house, septic tank, leaching system, other components, and well or water service. Show distances to adjacent wells.

Call the MCDPH at 753-5060 for inspection of the sewage disposal system before backfilling.

Number of bedrooms_____Size of septic tank_____Percolation Rate (highest of three)_____minutes

I certify that these percolation tests were done on_____ (date) in accordance with NYS and

Monroe County standards._____ (installer's signature)

Total amount of leach_____feet Length of laterals_____feet Number of laterals_____

Width of trench_____inches Depth of trench_____inches Depth of percolation tests_____

**THIS PERMIT MAY BE REVOKED IF FIELD CONDITIONS ARE FOUND TO DIFFER FROM
INFORMATION SUBMITTED ON THE APPLICATION OR PLAN.**

The proposed arrangements for sewage disposal for the above named property have been reviewed and found to meet the requirements of the Monroe County Department of Public Health with the information provided hereon. This permit is issued as per provisions of Article IIA of the Monroe County Sanitary Code.

For office use only

Payment date_____	Date:_____
Received by_____	Name:_____
	Title:_____

**NOTE: APPROVAL GRANTED WITH THE UNDERSTANDING THAT SAID PLANS ARE
SUBJECT TO REVIEW AND REAPPROVAL AFTER TWO YEARS FROM APPROVAL DATE ,
IF INSTALLATION IS NOT COMPLETED BY THAT TIME.**

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Name of Owner _____ Date _____

Mailing Address _____ Phone _____

Name of installer _____ Phone _____

Address _____

Water supplied by (circle one) Public water well Approximate distance to nearest sanitary sewer _____

Laundry connects directly to septic tank (circle one) yes no

Cellar infiltration sump pump or gravity drain does not connect to septic tank (circle one) yes no

House plumbing is equipped with water-saving fixtures (circle one) yes no
(1.6 gpf max. water closets and 3.0 gpm max. faucets/showerheads for all devices)

I understand and agree with this onsite wastewater treatment system repair proposal. If approved, the proposed disposal system, the water supply, and drainage facilities will be installed as indicated

Signed _____ Owner

_____ Buyer

_____ Installer

DO NOT WRITE BELOW THIS LINE

Inspector _____ Date _____

RETURN TO: MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH
BUREAU OF PUBLIC HEALTH ENGINEERING-ROOM 916
PO BOX 92832
111 WESTFALL ROAD
ROCHESTER, NY 14692